OB ADMINISTRATIVE ORDER

Initiate immediate supportive care:

O2 to maintain sat ≥ 94%

Complete primary and secondary survey as indicated Vital Signs including FSBG (temperature as indicated)

Cardiac Monitor, as indicated

Place patient in left lateral recumbent position

Use Administrative Order on pregnant patients ≥ 20 weeks gestation with any of these symptoms:

- · Signs of labor
- Seizure without known history of seizure disorder (Follow Seizure AO if PT has a known history of seizures)
- Acute vaginal bleeding

Initiate large bore IV NS/LR TKO

Consider saline lock with NS flush Push all meds only

If nauseated: Ondansetron (Zofran) 4mg SIVP

Preterm Labor or Premature rupture of membrane:	Eclampsia:
If pre-term labor (≤37 weeks): • Administer NS/LR 20ml/kg bolus • Reassess VS and lung sounds after every 500ml infused • May repeat as needed for hypotension If prolonged transport and symptoms unresolved after 15 min and IV fluid given: • Magnesium Sulfate 5 grams in 100ml NS, IVPB • Over 15 minutes • Hold if SBP <90 • Monitor for respiratory depression • Prepare for possible delivery	 High flow O2 via NRB Magnesium Sulfate 5 grams in 100ml NS, IVPB Over 15 minutes Hold if SBP <90 Monitor for respiratory depression

Active Labor:

- Prepare for possible delivery
- If indicated, follow PALS for newborn resuscitation

Transport to facility based on gestational age: ≥20 weeks and <28 weeks - BUAMC or TMC ≥28 weeks - BUAMC, TMC, SJH or NMC

Notification to include:

OB AO, Gestation, complaint, unit number, patient age, gender, and ETA to receiving facility. Advise if patient is Unstable and transporting to the Women's Center or L & D